CLAIM PRESENTED TO THE TOWN OF DANVILLE

*Please read the instructions on the back before completing.

Reserve for Filing Stamp

cc:

City Claim #

1. Claimant's Name: (PLEASE PRINT)

Claimant's Address:

City, State, Zip:

Day Phone: ( )_____ Eve Phone: ( )_____

2. When did the damage or injury occur?
Month: Day: Year: Time: a.m. p.m.

3. At which location did the damage or injury occur? Police Report #

4. What happened and why is the City responsible?
a.

Name and position of responsible City Employee(s), if known:
b.

5. What damage or injury occurred?

6. Claim amount (only if less than $10,000):

If the amount exceeds $10,000, please check (X) the court of appropriate jurisdiction:
_[ ]_ Municipal Court (claims up to $25,000) _[ ]_ Superior Court (claims over $25,000)

7. How did you arrive at the amount claimed? Please attach documentation.

8. I declare under penalty of perjury under the laws of the State of California that the following information is true and correct, and that this declaration was executed on _____, 20____, at _____, CA.

_____
Signature of Claimant or Representative's Signature

9. Official Notices and Correspondence
If represented by an insurance company or an attorney, please provide the information requested below.
Name and Capacity: (PLEASE PRINT) _____

Address: _____

City, State, Zip: _____

Daytime Telephone: ( ) _____ Evening Phone: ( ) _____

PRESENTING A CLAIM TO THE TOWN OF DANVILLE

⇒ PLEASE TYPE OR PRINT CLEARLY ALL OF THE INFORMATION REQUESTED ON THE CLAIM FORM.

⇒ YOU MUST COMPLETE EACH SECTION OR YOUR CLAIM MAY BE RETURNED TO YOU AS INSUFFICIENT.

⇒ THE FOLLOWING PROVIDES SPECIFIC INSTRUCTIONS FOR COMPLETING EACH SECTION OF THE CLAIM FORM:

1. NAME AND MAILING ADDRESS OF CLAIMANT - State the full name and mailing address of the person/persons claiming damage or injury. Please include a daytime and evening telephone number.

2. WHEN DID THE DAMAGE OR INJURY OCCUR? - State the exact month, date, year, and approximate time (if known) of the incident that caused the alleged damage/injury.

   Under State law, claims relating to causes of action for personal injury, wrongful death, property damage, and crop damage must be presented to the Town of Danville no later than six months after the incident date. Please note that evidence of **"presentation"** includes a clear postmark date on an envelope, or a certification of personal service, or service by mail.

   When filing a claim beyond the six month period, you must explain the reason the claim was not filed within the six-month period. This explanation is called **"application for leave to present a late claim"**. In considering your claim, the Town will first decide whether the late claim application should be granted or denied. (See Government Code Section 911.4 for the legally acceptable reasons a claim may be filed late.) Only if your late claim application is granted will the Town then consider the merits of your claim.

   Claims relating to any cause of action other than personal injury, wrongful death, property damage, and crop damage must be presented no later than one year after the incident date. (See Government Code Section 911.2).

3. AT WHICH LOCATION DID THE DAMAGE OR INJURY OCCUR?- Please include street address, town, county, intersection, etc. If possible, also include the Police Report number.

4. WHAT HAPPENED AND WHY IS THE TOWN RESPONSIBLE? - Please explain the circumstances that led to the alleged damage or injury. State all facts that support your claim with the Town and why you believe the Town is responsible for the alleged damage or injury. If known, identify the name of the Town Department(s) and/or Town employee(s) that allegedly caused the damage or injury.

5. WHAT DAMAGE OR INJURY OCCURRED? - Provide in full detail a description of the damage/injury that allegedly resulted from the incident. (What specific damage or injury do you claim resulted from the alleged actions?)

6. CLAIM AMOUNT - State the specific total dollar amount you are claiming as a result of the alleged damage/injury. If damage/injury is continuing or is anticipated in the future, indicate with a "+" following the dollar figure if $10,000 or under. If the total dollar amount is unspecified or exceeds $10,000, designate the appropriate court jurisdiction for the claim.

7. HOW DID YOU ARRIVE AT THE AMOUNT CLAIMED? - Provide a breakdown of how the total amount that you are claiming was computed. You may declare expenses incurred and/or future, anticipated expenses. If you have supporting documentation (i.e. bills, payment receipts, cost estimates), please attach copies of them to your claim.

8. SIGNATURE - The claim must be signed by the claimant or by the attorney/representative of the claimant. The Town will not accept the claim without a proper signature. Government Code Section 910.2 provides: "The claim shall be signed by the claimant or by some person on his/her behalf."

9. OFFICIAL NOTICES AND CORRESPONDENCE - Provide the name and mailing address of the person to whom all official notices and other correspondence from the Town should be sent, only if other than claimant. Please provide telephone numbers for the representative, if applicable.

⇒ SUBMIT COMPLETED AND RELATED DOCUMENTATION TO: The Town Clerk of the Town of Danville, 510 La Gonda Way, Danville, CA 94526. Personal service of claims can be accomplished during regular business hours (8:30 a.m. - 5:00 p.m.), Monday through Friday (excluding holidays).

⇒ If you wish to receive a stamped copy of your claim, return the form to the Town Clerk with a cover letter along with a stamped, self addressed envelope informing the Town of your request.

⇒ You will receive a letter from the Risk Management Office indicating your claim has been received and is being investigated. You will receive an explanation of the investigation results within 45 days in most instances.

⇒ If, after reading these instructions, you have questions or need additional information regarding the filing of a claim with the Town Clerk of Danville, please contact the Town Clerk's staff at (925) 314-3388.

THANK YOU!

Form 4.2